cause of death among them. Almost 8% of deaths to black males aged 45-54 years were attributed to infectious diseases. For black females in this age-group, infectious diseases ranked equal sixth as a cause of death with digestive diseases. For corresponding whites of both sexes, infectious diseases did not rank in the top seven causes of death (Figure 2.4.1).

While cause-of-death data were available for both males and females of other races for the three age-groups of interest, the numbers were too small to infer meaning or to compute percentages.

Some caution should be exercised when looking at these cause-of-death rankings. These data were for only one year and should be interpreted as a snapshot only. To stabilize yearly fluctuations in potentially small numbers, three- or five-year averages would be more appropriate. Further, it would be more precise to separate out HIV/AIDS deaths as a group rather than having them be part of the larger infectious disease category. This would more accurately document the impact of HIV/AIDS as a cause of death in Tennessee.

2.4.3. Case-Fatality Rates

Figure 2.4.2 illustrates the lethality of AIDS. Because of the known lag in death reporting, survival times for recent cohorts (1994 and 1995) are omitted from all analyses. Of Tennesseans diagnosed with AIDS in the first two years of the observation period, from 1985-1986, 95%-100% had deaths reported through December, 1995. Case-fatality rates remained high through 1991, at nearly 74% of cases. Case-fatality rates declined from 61% in 1992 to 49% in 1993. This may be due to reporting lag or may be a product of recency of diagnosis and/or improvement in treatment. The five-year survival rates for these more recent cases will reveal the extent to which improvements in medical regimens are extending the life expectancy and survival rates of persons with AIDS. Alternatively, the long term fatality rates of more recent cases may mirror the experience of those earlier cohorts of AIDS cases in the State. Notes on the calculation of survival time appear among the Technical Notes to this report.

2.4.4. Age-Sex Pyramids

Figures 2.4.3a and b depict the respective age-sex pyramids for the Tennessee population in 1995 and AIDS decedents in Tennessee for combined years 1994 and 1995. Generally the pyramid for the population reflects quite a uniform distribution across age and sex. However, comparisons of this distribution with that for the AIDS decedents reveal major discrepancies between the two. Most notably, whereas males ages 30-39 years constituted less than 8% of the State population, they comprised 43% of the decedents. Males ages 20-29 and 40-49, too, were vastly over-represented among the AIDS group. By contrast, all other age and sex groups were under-represented among fatal AIDS cases. While collectively representing 78% of the Tennessee population, they contributed only 18% of AIDS deaths.